

U.S. COMMERCIAL SERVICE
CREDIT CARD PROCESSING FORM

Name of Product:

Date:

Contact:

Telephone #:

CLIENT INFORMATION

NAME:

TITLE:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE :

FAX:

TOTAL AMOUNT TO BE CHARGED:

METHOD OF PAYMENT – CREDIT CARD TYPE (MasterCard, VISA, AMEX, ETC.):

CREDIT CARD NUMBER:

EXPIRATION DATE:

CARDHOLDER NAME:

CARDHOLDER'S SIGNATURE _____

ACCOUNTING DIVISION USE ONLY